

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Rita Martinson  
Full Address 1472 Highway 51 - Madison, MS 39110  
Telephone 601-942-0772 (Fax) 601-853-6629  
E-mail rumbm@bellsouth.net  
Office Sought State House of Representatives Political Party Republican

RECEIVED

JAN 14 2010

Secretary of State  
Capital Office

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)

This Period

Calendar  
year-to-date

Total amount of contributions	\$ 1,150	\$	\$ 1,150 <sup>00</sup>
Total amount of disbursements	1,454	\$	\$ 1,454 <sup>00</sup>
Total amount of cash on hand	from 2008 \$6,732.78 → 6,428.76		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Rita Martinson  
Reporting period Jan. 1, 2009 through Dec. 31, 2009

## ITEMIZED DISBURSEMENTS

A. Full name <u>Thad McLawrin Campaign</u>	Date (Mo., Day, Year) <u>3 / 29 / 09</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address 		
City, State, Zip Code 		
Purpose of Disbursement (Optional) <u>Superior Campaign contribution</u>	Aggregate Year-to-date	\$ <u>200.00</u>
B. Full name <u>Will Longwitz Campaign</u>	Date (Mo., Day, Year) <u>9 / 13 / 09</u>	Amount of each disbursement this period \$ <u>200.00</u>
Mailing Address 		
City, State, Zip Code 		
Purpose of Disbursement (Optional) <u>County indy campaign contribution</u>	Aggregate Year-to-date	\$ <u>200.00</u>
C. Full name <u>Greg Harper Campaign</u>	Date (Mo., Day, Year) <u>10 / 7 / 09</u>	Amount of each disbursement this period \$ <u>250.00</u>
Mailing Address 		
City, State, Zip Code 		
Purpose of Disbursement (Optional) <u>Congressional Campaign contribution</u>	Aggregate Year-to-date	\$ <u>250.00</u>
D. Full name <u>Rotary Club of Madison-Rigelwood</u>	Date (Mo., Day, Year) <u>11 / 5 / 09</u>	Amount of each disbursement this period \$ <u>211.00</u>
Mailing Address 		
City, State, Zip Code 		
Purpose of Disbursement (Optional) <u>membership in rotary dues</u>	Aggregate Year-to-date	\$ <u>211.00</u>
E. Full name 	Date (Mo., Day, Year) 	Amount of each disbursement this period \$ <u>      </u>
Mailing Address 		
City, State, Zip Code 		
Purpose of Disbursement (Optional) 	Aggregate Year-to-date	\$ <u>      </u>
F. Full name 	Date (Mo., Day, Year) 	Amount of each disbursement this period \$ <u>      </u>
Mailing Address 		
City, State, Zip Code 		
Purpose of Disbursement (Optional) 	Aggregate Year-to-date	\$ <u>      </u>



Name of Candidate or Committee Ala. Martin

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Reporting period Jan 1, 2009 through Dec 31, 2009

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check into Cash of MS, Inc. (Bayer)</u>		<u>11-20-09</u>	<u>250.00</u>
Mailing Address <u>P.O. Box 550</u>		<u>7-14-09</u>	<u>\$ 250.00</u>
City, State, Zip Code <u>Cleveland, TN 37364-0550</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>Check into Cash of MS, Inc.</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Chemical Engineer</u>		Aggregate year-to-date	<u>\$ 500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT-TMS PAC</u>		<u>11-25-09</u>	<u>\$ 250.00</u>
Mailing Address <u>175 E. Capital St.</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>P.O. Box 811 - Jackson, MS 39201-2138</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>AT-TMS PAC</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>AT-T Wireless</u>		Aggregate year-to-date	<u>\$ 250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AstraZeneca, LP</u>		<u>11-25-09</u>	<u>\$ 300.00</u>
Mailing Address <u>7516 Jeannette St.</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>New Orleans, LA 70118</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>AstraZeneca &amp; Advance Spencer</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Sales of Pharmaceutical</u>		Aggregate year-to-date	<u>\$ 300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   /   /   </u>	\$
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

500  
250  
300  
1,050